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Proposal # 2001- E200 (Office Use Only)

CALFED Bay-Delta Program
PSP Cover Sheet

Proposal Title: Phase II: Demonstration Project for the Protection and Enhancement of Delta In-Channel Islands (Construction and Monitoring)

Applicant Name: Association of Bay Area Governments for the San Francisco Estuary Project

Contact Name: Eugene Y. Leong, Executive Director

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Amount of funding requested: \$ 1,037,150.

Some entities charge different costs dependent on the source of the funds. If it is different for state or federal funds list below.

State cost: no difference

Federal cost: no difference

Cost share partners? ☒ Yes ☐ No

Identify partners and amount contributed by each

Total Cost Share \$457,275.

- State Levee Flood Protection Program: \$368,350.

- Association of Bay Area Governments: \$25,925.

- Delta Channel Island Work Group Members: \$63,000. (In-kind service/overhead)

Members include: US Fish and Wildlife Service, US EPA, US Army Corps of Engineers, CA Dept. of Fish and Game, Dept. of Water Resources, Delta Protection Commission, State Lands Commission, SF Bay Regional Water Quality Control Board, San Francisco Estuary Project

Indicate the Topic for which you are applying (check only one box).

- | | |
|--|--|
| <input type="checkbox"/> Natural Flow Regimes | <input type="checkbox"/> Beyond the Riparian Corridor |
| <input type="checkbox"/> Nonnative Invasive Species | <input type="checkbox"/> Local Watershed Stewardship |
| <input type="checkbox"/> Channel Dynamics/Sediment Transport | <input type="checkbox"/> Environmental Education |
| <input type="checkbox"/> Flood Management | <input type="checkbox"/> Special Status Species Surveys and Studies |
| <input checked="" type="checkbox"/> Shallow Water Tidal/ Marsh Habitat | <input type="checkbox"/> Fishery Monitoring, Assessment and Research |
| <input type="checkbox"/> Contaminants | <input type="checkbox"/> Fish Screens |

What county or counties is the project located in? Contra Costa and San Joaquin

What CALFED ecozone is the project located in? See attached list and indicate number. Be as specific as possible 1.4 (Central and West Delta)

Indicate the type of applicant (check only one box):

- | | |
|---|---|
| <input type="checkbox"/> State agency | <input type="checkbox"/> Federal agency |
| <input type="checkbox"/> Public/Non-profit joint venture | <input type="checkbox"/> Non-profit |
| <input checked="" type="checkbox"/> Local government/district | <input type="checkbox"/> Tribes |
| <input type="checkbox"/> University | <input type="checkbox"/> Private party |
| <input type="checkbox"/> Other: | |